

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 09/27/01 through 11/13/01.
- b. The request was received on 07/30/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 09/10/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

The requestor did not submit a position statement.
2. Respondent:

The Respondent did not submit a position statement.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 09/27/01 through 11/13/01.
- The denial codes listed on the EOBs are “**F-REIMBURSEMENT ACCORDING TO THE TEXAS MEDICAL FEE GUIDELINES. F-THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE, WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE (S) PERFORMED. N-PROCEDURE CODE 97265, 97122 AND/OR 97261 IS REIMBURSABLE ONLY WHEN SEPARATE AND COMPENSABLE BODY AREA IS TREATED AND DOCUMENTED IN CONJUNCTION WITH A MANIPULATION.**”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/01/01 10/18/01 10/30/01	95851	\$72.00 \$72.00 \$72.00	\$0.00 \$0.00 \$0.00	F	\$36.00	MFG MGR (I)((E)(3)	<p>F-THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE (S) PERFORMED.”</p> <p>On each date of service two body areas were tested, the wrist, and elbow. According to the Rule referenced this is allowable and reimbursement is recommended in the amount of \$72.00 for each body area for each date of service. (\$36.00 x 2 = \$72.00) Therefore, reimbursement is recommended in the amount of \$216.00. (\$72.00x 3)</p>

09/27/01	97122	\$35.00	\$0.00	N	\$35.00	MFG MGR	N-PROCEDURE CODE 97265, 97122 AND/OR 97261 IS REIMBURSABLE ONLY WHEN SEPARATE AND COMPENSABLE BODY AREA IS TREATED AND DOCUMENTED IN CONJUNCTION WITH A MANIPULATION.” Recent review of disputes involving one on one CPT Codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for this date of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, no reimbursement is recommended.
09/28/01		\$35.00	\$0.00		(per 15 minutes)	(I)(A)(10)	
10/01/01		\$35.00	\$0.00			CPT descriptor	
10/03/01		\$35.00	\$0.00				
10/04/01		\$35.00	\$0.00				
10/05/01		\$35.00	\$0.00				
10/10/01		\$35.00	\$0.00				
10/11/01		\$35.00	\$0.00				
10/16/01		\$35.00	\$0.00				
10/18/01		\$35.00	\$0.00				
10/23/01		\$35.00	\$0.00				
10/25/01		\$35.00	\$0.00				
10/26/01		\$35.00	\$0.00				
10/30/01		\$35.00	\$0.00				
11/01/01		\$35.00	\$0.00				
11/13/01		\$35.00	\$0.00				
10/01/01	97265	\$43.00	\$0.00	F	\$43.00	MGR (I)(A)(10);	“F-REIMBURSEMENT ACCORDING TO THE TEXAS MEDICAL FEE GUIDELINES.” Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended in the amount of \$387.00 . (43 x 9 = \$387.00).
10/03/01		\$43.00	\$0.00			CPT Descriptor	
10/05/01		\$43.00	\$0.00				
10/18/01		\$43.00	\$0.00				
10/23/01		\$43.00	\$0.00				
10/25/01		\$43.00	\$0.00				
10/30/01		\$43.00	\$0.00				
11/01/01		\$43.00	\$0.00				
11/13/01		\$43.00	\$0.00				
Totals		\$1,163.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$603.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$603.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 8th day of January 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb